

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XCV. — THURSDAY, AUGUST 31, 1876. — NO. 9.

A CASE OF UTERINE LYMPHANGITIS AND PERIMETRITIS.

BY G. H. LYMAN, M. D.

Mrs., — age thirty-five ; fourth pregnancy ; has two living healthy children, one eight, the other four years of age. The third pregnancy, two years since, terminated at the full period in the birth of a hydrocephalic, still-born child.

I was called to this patient at half past seven o'clock P. M., Monday, May 22d. She supposed herself to be three weeks beyond her time. Labor pains had commenced two hours previously. On examination the os was found soft, and well dilated, the head presenting, with the parietal bones loose and overlapping an inch. There was no amniotic pouch. The patient was nervous, restless, and in more or less constant pain during the intervals of the uterine contractions. She informed me that all motion had ceased from the previous Wednesday, and that for the past three days she had suffered from pain in the hips, back, and posterior aspect of the thighs, especially on the right side. The labor progressed otherwise naturally, and at nine P. M. was completed. The child, a female, was of full size and evidently had been dead for some days, the palms being macerated and corrugated, but the cuticle still firm. The cranial bones were loose in the scalp like broken ice in a bladder, the hydrocephalic fluid having been absorbed or having escaped in some way.

The uterus contracted sluggishly. The placenta was removed from the cervical grasp with little difficulty, by the fingers aided by suprapubic pressure. Its removal was followed by a large amount of water ejected forcibly to the foot of the bed. Pains, supposed to be due to uterine contraction, continued and caused much complaint. The patient was somewhat excited and grieved at the birth of another hydrocephalic child.

May 23d (Tuesday). A very restless, sleepless night, notwithstanding opiates. The patient complained much of rheumatic pains through the hips and groins, resembling, neither in seat nor in character, after pains. Uterus about normal in size ; lochia natural, though not abundant. No tenderness on pressure in the uterine region ; renal

secretion free, relieved by catheter; neither nausea, headache, nor chill; temperature 100.5°; pulse not recorded. In the evening, temperature 102°; pulse 120; complains only of pains in hips, preventing sleep; gruel and drinks relished.

May 24th (Wednesday). Full opiate gave but two hours of unrefreshing sleep. Pains undiminished. Urine freely secreted, and removed by catheter; lochia natural; a slight feeling of coolness, readily relieved by extra blanket. No tenderness on pressure; very thirsty, with hot and dry skin. Constant desire to change position from one side to the other, to relieve the pressure on the hip. This movement is becoming difficult and painful. Evening temperature 103.5°; pulse 120; some incoherency of speech.

May 25th (Thursday). Salicylic acid was tried for twelve hours, but as it caused deafness and gastric uneasiness, it was discontinued.

May 26th (Friday). Symptoms steadily increasing in gravity. No relief from fomentations, nor from opiates internally or by subcutaneous injection, beyond a few minutes at a time. Urine continues abundant and pale, and the vesical contraction excites no pain. Lochia a little paler but still abundant and inoffensive. Abdomen flaccid; relishes brandy in small quantities, beef-tea, and gruel. Thirst constant. No tendency to headache, nausea, or chill. Talks constantly and incoherently, but answers when spoken to, with intelligence, describing accurately and clearly the seat and character of the pain, dwelling especially upon its locality in the right hip, thigh, and Poupart's ligament, and now, for the first time, in the corresponding knee. Has slept but a few moments at a time since Tuesday night. Temperature 104.5°; pulse 130.

May 27th (Saturday). Continued muttering delirium, skin hot and dry, tongue parched, thirst urgent. When aroused, recognizes every one and answers intelligently. Bladder relieved for first time by her own efforts. Locality of pain unchanged, but, except in right knee, it is less severe, unless she is moved. Seen by Dr. Storer at eleven P. M. Opiates continued.

May 28th (Sunday). No mitigation of symptoms and no continuous sleep induced. Thirty grains of chloral were given, and repeated in half an hour. This quieted and soothed the restlessness for an hour or two, but induced no continuous, sound sleep.

Five o'clock P. M. As the chloral irritated the throat, it was continued by enemata, the first of which induced a foetid faecal evacuation. Temperature 105.2°. Seen again by Dr. Storer at seven P. M. At eight o'clock ten grains of quinine were given, and repeated at nine. At ten, found her in profuse perspiration, with skin much cooler; pulse 110; temperature 104.5°; constant muttering. At midnight the pulse, which had heretofore remained of good volume, became

weaker, and decided symptoms of collapse were manifested. On the following morning, however, she rallied for several hours and had three natural dejections with considerable flatus. Gradually sank during the day, and died at half past seven P. M., one week from delivery.

Autopsy.—The notes of the autopsy, made by Dr. Fitz fifteen hours after death, are as follows: "Rigor mortis present. Abdomen only opened. Peritoneal surface smooth and shining, without injection. A few ounces of a pale red, transparent fluid in the dependent portions above the pelvis, due essentially to post-mortem conditions. The pelvic cavity was filled by the contracted uterus, of which the peritoneal surface in general presented no unusual appearance beyond a few small sclerotic plates. Douglas's fossa appeared normal. On removal of the uterus and its appendages, a slight sero-purulent infiltration of the right broad ligament was observed, and a defined, linear, somewhat rounded collection of pus, extending outwards from the uterus, in both broad ligaments, just below the Fallopian tubes. The pus was partly contained in canals with smooth, shining walls, evidently lymph vessels. Within the uterine wall, near the entrance of the Fallopian tubes, a few minute collections of pus were observed, giving no evidence of their origin from thrombi. The inner surface of the uterus was somewhat discolored, opaque, rather dry, and smooth, except at the placental portion, which was near the fundus and did not appear abnormal. Cervix and os externum showed nothing unusual. Vagina reddened, surface slightly granular, not abnormal. Liver and kidneys pale, the latter slightly opaque from cloudy swelling; the epithelium unusually granular under the microscope. Spleen considerably enlarged and softened, of pale pinkish color, the follicles indistinct. The stomach had undergone post-mortem softening. The small intestines contained liquid contents.

"*Diagnosis.*—Uterine lymphangitis and perimetritis. Acute splenic tumor and cloudy swelling of the kidneys."

This case is reported somewhat in detail, more on account of its interest from a diagnostic point of view than from its being especially remarkable as a result of parturition. Five days before labor commenced, the foetal movements, which previously had been vigorous, suddenly ceased. Nearly coincident with this, the patient began to suffer more or less pain of the same character, though much less in degree, and in the same localities, as complained of during her subsequent illness. So far as can be ascertained, she had not been exposed to any contagious influence from her attendants or others. Whether the death of the foetus was cause or effect, or what was the origin of the septic infection, is of course problematical. The lochia remained natural and inoffensive throughout. There was never any rigor, headache, or nausea. There was no tympany, the abdomen remaining flaccid and free from tender-

ness. A little obscure pain could be excited by deep pressure in the supra-pubic region, but not more than in any normal case. The renal secretion was abundant, and the vesical contraction excited no pain or uneasiness indicative of peritonitis. The condition of the pulse and the temperature of course excited suspicions of mischief in the uterus or its appendages, but there was at no time any other symptom which would justify a more absolute diagnosis. In any but a puerperal or surgical patient the symptoms would have been thought not unlike acute arthritis of the hip and knee joints. If these parts had been examined, probably pus would have been found there also to account for the pain. The constant nervous excitement, combined with certain domestic circumstances which it has not been thought necessary to allude to, suggested for a moment the idea of puerperal mania, but the delirium was not of the violent character usually attendant upon that disease.

Considering all these circumstances, the treatment was limited to opiates and fomentations chiefly, with such an amount of stimulus as she could bear or as her condition required from time to time. The treatment followed would seem to be justified by the revelations of the post-mortem examination.

EXTIRPATION OF THE UTERUS IN CONNECTION WITH OVARIOTOMY, FOLLOWED BY RECOVERY.

BY GILMAN KIMBALL, M. D., LOWELL, MASS.

Mrs. S., of Lancaster, N. H., forty-eight years old, having one child, now eighteen years of age, was operated on eleven years ago for ovarian tumor, chiefly cystiform, weighing thirty-three pounds. She made a good recovery, and continued in good health for six years. About this time she noticed that her abdomen was again becoming unusually large. She suffered very little, but was anxious lest another tumor should be forming, similar to the one removed years before.

In June, 1875, she was tapped, and forty-five pounds of brown, coffee-colored fluid were drawn off, followed by considerable prostration. The cyst refilled, and was again tapped in October following; prostration was more marked than at the previous operation. Again the cyst refilled, and more rapidly than ever.

The patient having now become satisfied that she was breaking down under the effects of her disease, and that tapping was affording only temporary relief, determined upon submitting to another operation. For this purpose I was called to operate the second time on November 9, 1875, and found the patient's general condition pretty fair. The abdomen was a good deal distended, but did not cause much distress. The disease, however, had made its impression on her. This was par-

ticularly shown by emaciation, loss of appetite, swollen feet, and a peculiar pallor of face, which denoted a deteriorated condition of the blood. The mental condition was excellent, calm, cheerful, and fully resigned to whatever might be the result of the expected operation.

Every needful preparation having been attended to, the operation was performed the following morning. Drs. Bugbee and Mitchell, of Lancaster, Dr. Gove, of Whitefield, and Dr. Adams, of Island Pond, were present and assisted. An opening through the parietes, in the line of the former incision, was followed by an escape of several ounces of ascitic fluid. A cyst was tapped by a large trocar, and twenty-seven pounds of chocolate-colored fluid were drawn away through a canula, to which a rubber tube had been attached. The opening was enlarged and the cyst emptied. A semi-solid mass, composed chiefly of a large number of smaller cysts, was slowly drawn through the incision, care being taken all the while to keep the opening closed, as far as possible, against the ingress of atmospheric air.

In searching for a pedicle it was found that the disease had embraced, in the course of its development, not only the uterus, but the whole of the left broad ligament. A separation of the parts thus involved was found impossible. Consequently, in order to complete the operation, the extirpation of the entire uterus became an unavoidable necessity. A cluster of distended veins connected with the broad ligament was first secured and severed between two ligatures. The remaining tissues to be divided, being thus considerably diminished in bulk, and especially in width, were next embraced in a loop of stout annealed iron wire, drawn tight by means of an *écraseur*. To complete the operation it only remained to sever the connection between the uterus and vagina by two or three strokes of the knife. The point of division was about three fourths of an inch outside the iron ligature.

Before closing the wound it was found necessary to remove a considerable quantity of coagulated blood from the pelvic cavity. With some difficulty and delay a bleeding vessel was finally discovered, and secured with a carbolized ligature.

The pedicle, being too short to admit of a clamp, was drawn forward and secured between the lips of the incision. The surface of the stump was thoroughly seared by actual cautery, and the wound closed with four deep sutures, three above and one below the pedicle.

Details of this case subsequent to the operation furnish nothing of special interest. During the entire period of convalescence there were no unpleasant or threatening symptoms; in all respects they were such as might be expected in an ordinarily favorable case of ovariectomy. From first to last there were no signs of peritonitis or septicæmia.

Pathologically considered, this case is seen to differ essentially from the one recently reported by Dr. Presbrey, of Taunton. Although the

connection between the uterus and the cystic portion of the tumor was extremely intimate, even beyond the possibility of separation, it became evident, upon careful dissection, that the tissues thus united were not only different in appearance, but entirely distinct in structure. Moreover, the cluster of small cysts that constituted the lower portion of the tumor furnished ample proof that the disease was of ovarian origin. The uterus contained no traces of a fibroid element, but it was hypertrophied to about double its natural size.

A CASE OF SUN-STROKE.

BY L. F. C. GARVIN, M. D., LONSDALE, R. I.

THURSDAY, July 13th, was one of the most oppressive days during the recent hot weather, the thermometer in Rhode Island being observed to attain the height of 95° in the shade and 131° in the sun. In the forenoon of that day, Patrick Dillon, a native of Ireland, fifty-seven years old, and a laborer, while engaged in weeding parsnips felt an unusual degree of discomfort from the intense heat of the sun. In the afternoon, in a more elevated position, he was again employed in the garden, and with the aid of three other men took a large quantity of ice water.

About two o'clock a sensation of weakness, accompanied by a sudden cessation of sweating and by palpitation of the heart, caused him to seek the shade, and a few minutes later to go to his house, several rods distant. Not finding any one at home, he threw himself upon the floor of the west room, remaining there until half past six o'clock, when his children returned from work. Meanwhile, about four o'clock, a comrade who came in administered a glass of brandy "to start the sweat," but without avail. During all this time and until about nine in the evening the patient says that he remained perfectly conscious, and furthermore that the amount of spirits which he took was not sufficient to have any effect upon him.

At ten o'clock P. M., a less quantity of brandy having been given without benefit, owing to increasing stupor, medical assistance was called. I found him lying upon a bed in a small room just off the kitchen, where a fire was burning briskly, in a temperature which could not have been much less than 100°. Able to swallow though not to speak, when aroused, he lay breathing heavily but free from mucous râles; pulse 108, temperature 105.6°; skin dry, lips parched and bleeding at a slight touch, pupils moderately contracted.

Treatment was conducted as follows: after taking a dose of bromide of potassium with aconite, the patient, stripped entirely naked and laid upon a hair-cloth sofa in a cooler room, was constantly sponged and

fanned from head to foot. Under the rapid evaporation thus produced the heat of the surface so rapidly and sensibly lessened that half an hour after its commencement a thermometer in the axilla registered 103.4°, the pulse falling to 88 and becoming softer. Rousing himself at this time he sat up, giving an opportunity to bathe and fan the back. When the cooling process had been continued without intermission for a second half-hour, the temperature was down to 100° and the pulse to 72. A sheet was now thrown over him, cold water cloths applied to his head, a second dose of the bromide of potassium and aconite given, and perfect quiet recommended.

He says that consciousness returned at three A. M., no recollection being retained of my visit or of the treatment. At eight o'clock the next morning, July 14th, while he complained of a severe pain in the occiput together with a sense of general prostration, with a temperature below 100° and a pulse at 72, he was convalescent. On July 15th he was feeling well, though weak. Four days from the date of the attack he resumed work, and although exposed to the sun much of the time has experienced no ill effects.

The satisfactory result of this moderately severe sun-stroke affords an illustration of the advantage to be derived in such cases from a speedy reduction of the elevated temperature of the body.

RECENT PROGRESS IN PUBLIC HYGIENE.

BY F. W. DRAPER, M. D.

The Diffusion of Cholera. — The spread of Asiatic cholera is a subject which has perpetual interest for the student of epidemiology and of sanitary science. The various incursions of this dreaded disease have been carefully investigated and analyzed in times past, but none of the epidemics have received so much attention as the last two of the series, both occurring within the last fifteen years. The course of the epidemic of 1873 has been studied in our own country with particular care and thoroughness under the orders and auspices of the general government, and the results of this investigation have been embodied in a voluminous report full of interest.¹

Coincidentally with the above work, so well done by the medical staff of our army, the sanitary authorities of Great Britain turned their attention toward an examination of the two cholera epidemics of the last decade. The task was intrusted to Mr. Netten Radcliffe, and his comprehensive and altogether admirable analysis of the facts touching the dissemination of cholera since 1864 has recently been published

¹ The Cholera Epidemic of 1873 in the United States. Washington: Government Printing Office. 1875.

under the supervision of Mr. John Simon, the Medical Officer of the British Privy Council and Local Government Board.¹ The exceptional facilities placed at Mr. Radcliffe's disposal by his general government for the prosecution of his work gave him a great advantage in the compilation of material facts, and he has utilized his opportunity with manifest fidelity. As a fruit of his labor we have a complete chronological account of the far-reaching influence of the cholera during the last ten years. The report is essentially narrative in character, detailing facts and omitting the elaboration of theories. In one particular the author presents evidence which must greatly modify the generally accepted idea of the origin of the epidemic of 1866. It has been the belief of most epidemiologists that this was an independent invasion; that, starting from its home in Bengal, the infection began in 1865 a new tour of the world. Such was the belief of the Constantinople Sanitary Conference of 1866 and of the Vienna Conference of 1874. But Mr. Radcliffe shows that the disease did not start anew in 1865, inasmuch as in 1864 it was already present in the southern provinces of Arabia, whence it easily crossed to Egypt, and so onward to be disseminated in Europe.

Mr. Simon, in his admirable introductory comments on Mr. Radcliffe's report, takes broad views of the diffusion of cholera. He says that all the facts point to a single conclusion as to the spread of the disease, namely, that human intercourse is the single active factor in diffusing the infection. "Detailed observation of particular outbreaks of cholera and suggestions of analogy and experiment have long led European pathologists to believe that the disease possesses great, though peculiar, power of spreading from the sick to the healthy; and Mr. Radcliffe in his very wide epidemiological study finds no reason to impute to cholera (outside the limits of India) any other mode of origination and extension than such as that doctrine expresses."

If, then, human contagion is the one active power in the international spread of cholera, is it possible, Mr. Simon asks, so to restrict the intercourse between infected and non-infected countries as to prevent the spread of the contagion? In the light of the facts gathered by Mr. Radcliffe, Mr. Simon feels constrained to reiterate the views upon quarantine expressed in his eighth annual report to the Privy Council: that quarantine of a sort to be trusted in as a national defense is not conceivable, except in proportion as a people lives apart from the great highways of commerce, or is ready and able to treat its commerce as a subordinate political interest; that though undoubtedly quarantine,

¹ Reports of the Medical Officer of the Privy Council and Local Government Board. New Series, No. V. Papers concerning the European relations of Asiatic Cholera, submitted to the Local Government Board in Supplement to the Annual Report of the present year [1875]. London. 1875.

planned with the precision of a scientific experiment and conducted with extreme rigor, may keep cholera out of places (such as remote and secluded islands) where the extremely difficult conditions can be completely fulfilled, yet, under other circumstances, quarantine cannot reasonably be expected so to succeed, and must then be regarded as a mere irrational derangement of commerce. Seeing that cholera is diffused in all directions by means of constantly-moving streams of religious pilgrimage and commercial enterprise, the first condition of treating a contagion so distributed would be to "immobilize" at discretion the great tides of human intercourse — a manifestly impossible project.

But Mr. Simon does not admit that quarantine exhausts the category of agencies for the prevention of cholera. He says, "If the constantly-developing and constantly-accelerating commerce between India and the rest of the world is not to carry with it a constantly increasing terror of pestilence, the safeguards, I apprehend, will consist, not in contrivances of the nature of quarantine to maintain from time to time more or less seclusion of nation from nation, but rather in such progressive sanitary improvements on both sides as will reduce to a minimum on the one side the conditions which originate the infection, and on the other side the conditions which extend it. . . .

"That cholera, when imported into a locality, will under certain circumstances spread from the sick as from a centre, is among the certainties of medicine; but we know with at least equal certainty that its means of thus spreading are strictly limited, and the limiting conditions which are best known to us in regard of it are those which bring it into intimate analogy with our own enteric fever, and justify us in classing it as a filth-disease. . . . It cannot, I think, reasonably be doubted but that, as conditions of filth, and especially as filthy conditions of water-supply, are the main facilitating conditions for the dissemination of cholera in Europe, so they must be immensely potent influences in favoring the advance of cholera from station to station in successive epidemic outbreaks in the countries which lie between India and Europe; and it would seem certain that, along the whole succession of lands which transmit the streams of westward traffic from India, common hygienic vigilance in respect of those conditions may be of very great effect in impeding the diffusion of cholera."

It is noteworthy that at the International Congress held at Brussels in the autumn of 1875 propositions respecting the diffusion and prophylaxis of cholera were adopted which correspond quite fully with the views above set forth by Mr. Simon. Among the conclusions reached by the congress were the following:¹ "The first indication is to destroy the original foci of the cholera in India and its secondary foci in Europe by sanitary works. The second maxim is to prevent the transport of

¹ The Sanitary Record, November 13, 1875.

the morbid principle into healthy countries by all really efficacious plans of isolation compatible with the exigencies of modern civilization. The third prophylactic rule is to neutralize this morbid principle by methods of disinfection still to be determined. The fourth precept consists in diminishing the ravages of cholera by well-considered hygienic measures." It will be observed that the word "quarantine" does not enter into these formulated conclusions, the expression "plans of isolation" being substituted.

The Effect of Migration upon Death-Rates. — The value of the death-rate as an indication of sanitary condition has been seriously questioned in recent times, but not fully disproved. It has been asserted that various disturbing conditions are constantly in operation to vitiate the assumed reliability of this test as ordinarily determined, that is, the proportion of deaths to population. Among the grounds which have been urged by Rumsey, Letheby, Child, and others against accepting general death-rates as indices of relative salubrity of location and activity of sanitary administration is the effect of migration. It is pointed out that the deaths registered in towns almost always include a considerable number which have occurred in public institutions, such as hospitals; many of these decedents were non-residents. On the other hand, it is equally true that the deaths of many persons who are reckoned as residents of cities and are included in the living population of those cities, occur in the country, to which domestic servants, clerks, shop-girls, and others often retire when they become ill, going to their former homes. It has actually been determined by Mr. Welton¹ that the death-rate of males between the ages of ten years and twenty-five and of females between ten and thirty-five, living in towns, is almost invariably lower than the death-rate among those of the same age living in the country. This fact is the more interesting because the general death-rates at all ages and at each of the other groups of ages in the great majority of cases are in excess in cities and centres of population. Mr. Welton calls particular attention to the fact that the fatality of phthisis at the ages above mentioned, in the country about London, is nearly double that which obtains in London, although, at all ages, the mortality from this disease is greater in the urban than in the rural population.

Mr. Humphreys ingeniously exposes the fallacies to which these observations might lead one, and shows that, in fact, migration scarcely influences the value of general death-rates at all ages. Assuming, he says,² for the sake of argument, that the death-rate in cities at these ages, ten to thirty-five, ought to show the same proportional excess as is shown at other ages, and adding to the deaths registered in such cities at those ages a sufficient number to raise the rate to the requisite degree,

¹ The Sanitary Record, December 18, 1875.

² The Sanitary Record, December 18, 1875.

the extreme effect upon the rate at all ages will be found to be very small. Thus, he found that the extreme understatement of the London annual death-rate in the ten years, 1861-70, due to this alleged disturbing influence of migration, amounted to 0.44 per 1000, a variation too small to disqualify the general death-rate as a test of sanitary condition.

Disinfection and Disinfectants.—The use of disinfectants has rested hitherto on such an uncertain and unscientific basis, and has been so empirical and altogether unsatisfactory, that any original investigations extending our knowledge of the agents which play so important a part in sanitary work ought to be recognized as real advances in public hygiene. It is quite time that we were outgrowing our faith in the too commonly “futile ceremony of vague chemical libations or powderings,” as it is usually practiced under the name of disinfection. As Mr. Simon points out, it is in relation to individual cases of infectious disease, and in endeavors to secure in detail (so far as possible) the immediate neutralization of the infectious matters which come from the sick, that chemistry has its chief opportunities for subserving preventive medicine; but in any such endeavors for disinfection everything must turn on the accuracy and completeness with which each prescribed performance is done, and it is evident, therefore, that prescriptions for disinfection ought to have the same sort of exactness as prescriptions which are for therapeutical purposes.

Dr. Baxter contributes to the latest of Mr. Simon's invaluable reports a paper giving the results of his experiments touching the disinfectant power of certain agents.¹ For the purposes of his investigations Dr. Baxter has limited the definition of a disinfectant as follows: “any agent capable of so modifying the contagium of a communicable disease, during its transit from a sick to a healthy individual, as to deprive it of its specific power of infecting the latter.” This definition at once restricts the problem within clear limits, and does away with much of the vagueness which has hitherto attached to it. If a reputed disinfectant be allowed to act upon any material which is known to have the power of communicating specific disease, and the material thus acted upon be subsequently inoculated, the positive or negative results of such inoculation must needs furnish a reliable test of the ability of the disinfectant to fulfill the duty laid upon it.

Without committing himself as in favor of any single one of the numerous theories of contagion, the author describes the essential characters which, in his opinion, belong to the contagium or virus of a communicable disease. The two features which especially characterize virus are its capability of undergoing almost unlimited multiplication

¹ Reports of the Medical Office of the [British] Privy Council and Local Government Board. New Series, No. VI. London. 1875.

when introduced into an appropriate medium, and, secondly, its particulate nature and, in consequence of this, its unequal distribution. It follows from these qualities that dilution of virus simply lessens the chances of infection without destroying its specific characters when it does occur, so that nothing short of the complete destruction of all the contagia in the infectious medium can guarantee against the indefinite propagation of the virus.

The four agents which Dr. Baxter selected for their commonly supposed disinfectant virtues were potassic permanganate, sulphur dioxide, chlorine, and carbolic acid; and with these he experimented upon vaccine virus, the virus of infective inflammation in guinea-pigs, and the virus of glanders.

Experiments were made with dry and with liquid vaccine. The experiments with the latter were conducted as follows: "Four capillary tubes having been charged from one vaccinifer, the contents of two of these were diluted with an equal volume of half per cent. saline solution; the lymph contained in the other two was mixed with an equal volume of disinfectant solution of known strength. The diluted and the disinfected liquids were sealed up in separate tubes, and employed for vaccinating a healthy infant, the former being inoculated in three places on the left arm, while the latter was introduced into an equal number of places on the right arm, two lancets being employed for the purpose. The inoculation was performed by scratching, not by puncture. The results were recorded on the eighth day." The experiments with potassic permanganate gave results midway between the exaggerated value ascribed to permanganate by some and the total repudiation of its claims by others. It was found that a one-half per cent. proportion of the disinfectant destroyed the infective energy of the vaccine virus. In the experiments with chlorine it appeared that unless that agent were added in sufficient quantity to make the lymph acid (.1633 per cent.) it had no appreciable effect on the infective power. One per cent. or less of carbolic acid exerted no influence on the activity of liquid lymph; with between one and two per cent. of the acid the effects of inoculation were irregular; two per cent. seemed sufficient to destroy the infective activity.

In the experiments with dry vaccine the very marked superiority of sulphur dioxide to carbolic vapor and chlorine gas was demonstrated. The author remarks, "It is sufficiently obvious [from experiments detailed] that the quantity of chlorine given off into a room from a basin filled with chloride of lime, or the vapor of carbolic acid generated in a vaporizer, would be utterly inadequate to destroy vaccine virus, and, by inference, the contagium of small-pox, when imbedded in a matrix of dried albuminous matter; and it is not unlikely that the virulent matters for whose destruction aerial disinfection is employed are commonly protected in some such way."

The infectious matter of inflammation was derived from the peritoneal cavity of guinea-pigs which had succumbed to infective peritonitis, and its effects before and after disinfection were studied in connection with its subcutaneous inoculation upon healthy guinea-pigs. It appeared, as the result of these experiments, that carbolic acid in the proportion of one per cent. or more, chlorine in that of .078 per cent. or more, sulphur dioxide in that of 2.9 per cent. or more, and permanganate in that of .05 per cent. or more, were capable of so modifying the virus as to deprive it of all infective power.

The virus of glanders was disinfected by the presence of two per cent. of carbolic acid, or .4 per cent of sulphur dioxide; .5 per cent. of carbolic acid did not impair its virulence in the least.

Finally, Dr. Baxter tested the disinfectant power of the four selected agents upon septic microzymes cultivated in an artificial fluid favorable to their reproduction (Cohn's solution). He found that the microzymes which swarm in this solution were completely deprived of reproductive power by potassic permanganate when present in the proportion of .007 per cent. or more; by chlorine when present in the proportion of .0008 or more; by sulphur dioxide when present in the proportion of .123 per cent. or more; by carbolic acid when present in the proportion of one per cent. or more. The apparent discrepancy between these results and those in connection with vaccine virus is accounted for, in the author's view, by the difference in the medium of the contagia in the two instances.

Dr. Baxter concludes his report with a series of propositions, among which are the following:—

“Evidence has been adduced to show that carbolic acid, sulphur dioxide, potassic permanganate, and chlorine are all endowed with true disinfectant properties, though in various degrees. . . .

“When either of these agents [chlorine and potassic permanganate] is used to disinfect a virulent liquid containing much organic matter or any compounds capable of uniting with chlorine or of decomposing the permanganate, there is no security for the effectual fulfillment of disinfection short of the presence of free chlorine or undecomposed permanganate in the liquid after all chemical action has had time to subside.

“A virulent fluid cannot be regarded as certainly and completely disinfected by sulphur dioxide unless it is rendered permanently and strongly acid.

“No virulent fluid can be considered disinfected by carbolic acid unless it contain at least two per cent. of the pure acid by weight.

“Aerial disinfection, as commonly practiced in the sick-room, is either useless or positively objectionable, owing to the false sense of security it is calculated to produce. To make the air smell strongly of carbolic acid by scattering carbolic powder about the floor, or of chlorine, by

placing a tray of chloride of lime in a corner, is, so far as the destruction of specific contagia is concerned, an utterly futile proceeding.

"Whenever aerial disinfection is resorted to, . . . chlorine and sulphur dioxide are suitable agents for the purpose; the latter seems decidedly the more effectual of the two. The use of carbolic vapor should be abandoned, owing to the relative feebleness and uncertainty of its action. . . . The space to be disinfected should be kept saturated with the gas [chlorine or sulphur dioxide] not less than an hour.

"Dry heat, when it can be applied, is probably the most efficient of all disinfectants; but we must be sure that the desired temperature is actually reached by every particle of matter in the heated space."

SAYRE ON ORTHOPÆDIC SURGERY.¹

WE have read with great pleasure Dr. Sayre's new volume, and we sincerely congratulate the members of our profession upon a valuable addition to the limited bibliography of this special department of surgery. A pleasant, colloquial tone renders it more attractive reading than any set treatise, and the fascinating way in which Dr. Sayre relates the progress of his patients from extreme disease and deformity to almost perfect health and symmetry rivals the art of the novelist. The volume is divided into short chapters, lectures, the space devoted to the principal diseases being fairly proportioned to the frequency and importance of each, although we notice that of ten pages upon the ætiology of deformities, seven are devoted to Phymosis and Adherent Prepuce, while only three are given to all other causes.

Coming at once to talipes, the first of the deformities considered at length, the author demonstrates clearly the seat of its various forms, with its anatomy. But when he says, "The seat of talipes has always till recently been supposed to be at the ankle-joint," we must refer him to Dr. Bigelow's work, published thirty-one years ago, to Mr. Little's, thirty-seven years ago, and even to Scarpa's, published in 1803, seventy-three years ago, in each of which he might have found an extended description of the anatomical condition, which he so concisely states.

We would commend most heartily Dr. Sayre's rules for determining the propriety of tenotomy. We have always believed that much harm is occasionally done by the performance of this operation in unsuitable cases. Such misfortune will not befall the patient of any surgeon who follows the rules here laid down.

The author's belief in the paralytic origin of a majority of cases of talipes expresses the views of most surgeons who have lately paid attention to the question.

Dr. Sayre recognizes the importance of imitating the natural forces in the

¹ *Lectures on Orthopædic Surgery and Diseases of the Joints.* By LOUIS A. SAYRE, M. D. Illustrated. New York: D. Appleton & Co.

reduction of deformities. He lays great stress upon the value of elastic tension, and gives due credit to Mr. Barwell for his ingenious application of India rubber to supplement the various paralyzed muscles. The mechanical appliances advised for the treatment of talipes consist essentially of a Scarpa's shoe, combined with Barwell's elastic tension, applied, as the celebrated painter mixed his colors, "with brains." The application and adjustment of apparatus cannot be left to anatomically uneducated persons. Intelligent persistence is the *sine qua non* of all success in orthopædic surgery.

Dr. Sayre states as an original observation that there is no lateral motion at the astragalo-tibial articulation. Undoubtedly there is but little in the normal movements of the joint, but the question is whether there may or may not be malposition of the astragalus in talipes. Many authors admit that usually there is little or no luxation of this bone, but all agree, and it has been demonstrated by dissections, that, in extreme deformity, there may be a rotation of the bone upon its axis, and great alteration of its shape and position between the malleoli. Scarpa demonstrated the fact that in varus "of the entire tarsal bones, the astragalus suffered the smallest degree of displacement."

Dr. Sayre says further that "turning the toes in or out is produced by rotation of the thigh and leg at the hip-joint, or by the revolving motion of the fibula, produced by the contraction of the biceps and tensor vaginæ femoris when the knee is flexed." Of the inaccuracy of this statement any one can satisfy himself by a few careful experiments upon his own person. Considerable inversion and eversion of the toes can be produced by the action of the muscles of the leg, and Dr. Sayre incidentally admits, in the foot-note, that the requisite motion is permitted at other than the astragalo-tibial articulation.

In considering disease of the ankle-joint the author states clearly and concisely the facts which give the indications for correct treatment of all joints. It is generally admitted that extension and rest are the objects aimed at by all apparatus designed for the treatment of joint diseases. The author describes very fully the apparatus he uses to procure extension for the ankle-joint. It seems entirely adequate for the purpose. But notwithstanding his enthusiastic advocacy of the remainder of his method of treatment, we believe that most conservative surgeons, while perhaps using his apparatus for extension, will seek other methods of obtaining rest than by allowing their patients to walk about with a seton directly through the ankle-joint.

Of the many forms of the disease known as "white swelling of the knee," Dr. Sayre traces the history and treatment as it is understood by modern practitioners. Of the pathology we shall have more to say in connection with the hip-joint, for Dr. Sayre expresses his ability to "prove that the scrofulous diathesis is simply an accidental accompaniment, and has no more to do with the development of the local disease within the joint than does the hæmorrhagic diathesis," etc.

His idea of treatment is that just described for the ankle-joint: extension and rest. His apparatus seems well adapted for the purpose when the knee is straight or nearly straight, but he admits that it cannot be used when there is much flexion of the joint. This condition of flexion is usually found, and

under such circumstances he advises the use of weight and pulley. Flexion is nature's effort at separation of the inflamed surfaces. Extension by weight and pulley presses these surfaces together again, aggravating the inflammation and consequent pain.

We venture to say that Dr. Sayre has been more fortunate than most surgeons if he has been able to "extend" a flexed, acutely inflamed knee by the weight and pulley process figured in the book.

In considering the ætiology of hip-joint disease Dr. Sayre begins with the following remark: "Almost all surgical authorities agree that morbus coxarius is invariably the result of a contaminated constitution; in other words, that it is essentially of strumous origin. This . . . doctrine is still extant among a majority of surgical practitioners." The accuracy of the statements depends entirely upon the authors whom he would quote as "surgical authorities." If he refers to works published forty or even twenty years ago, he is probably correct. But many writers of more recent date take the safer middle ground.

Dr. F. H. Hamilton, in his *Principles and Practice of Surgery*, pages 434 and 435, expresses the views which we believe are now adopted by the majority of intelligent observers. Dr. Hamilton's concise statement is this: "It [hip disease] is essentially the same malady as that which, having attacked the lower epiphysis of the femur, or the upper epiphysis of the tibia, is known as white swelling." Then, after mentioning the various interpretations of the morbid changes, he says, "But later pathologists recognize in them nothing more nor less than the infiltrations and degenerations of tissue consequent upon chronic inflammation, and in their nosology 'white swelling' is circumscribed osteo-myelitis or osteitis, liable to be followed by solidification, expansion, suppuration, necrosis from strangulation, and caries.

"To this latter theory I do not hesitate to declare my adhesion. *Nevertheless there can be no doubt that a strumous or tuberculous diathesis constitutes an active predisposing cause in a large proportion of cases*,—a doctrine which is in no way inconsistent with the fact that, in most examples, the development of the malady may be distinctly traced to some apparently insignificant local injury."

Dr. Sayre expresses his firm belief that the disease is one almost invariably due to a traumatic cause alone, and that it is not dependent upon constitutional taint. He brings his own statistics to confirm his view, but on careful analysis it is evident that they only confirm the previously well-established fact that, while all children are liable to the disease, the so-called scrofulous children are particularly liable, or, in other words, that of all the scrofulous children living, a much larger percentage have the disease than of the healthy children. Dr. Sayre's description of the symptoms of the first stage of hip disease is so clear and well stated that we wish it might be copied into the hand-books of surgery. It would render certain the halting diagnosis of many a surgeon, and thus bring the case to treatment in time to effect a perfect cure. The idea of treating hip-joint disease by rest is as old as the art of surgery itself, and the best means of obtaining it have always been sought. Nor is the idea of extension a very recent one, but it has latterly come to be

understood that repair of the joints is dependent in a great measure upon the health — and therefore exercise — of the body ; so that the patient is not to be confined as formerly to bed, but is to be furnished with such mechanical aid as will prevent motion of the joint, and slightly separate its inflamed surfaces, while the remainder of the body has exercise. As to the apparatus by which this result is effected at the hip-joint, we are compelled to believe that little or nothing has been added by Dr. Sayre to the original apparatus of Dr. H. G. Davis, and of Dr. C. F. Taylor. To these gentlemen great credit is due. The apparatus of Dr. Davis first introduced the metallic rod or splint capable of elongation by rack and pinion, or by other device. To the top of this splint was attached a single perineal strap supporting the weight of the body ; while to the lower extremity was attached the adhesive plaster by which the limb was to be extended. Dr. Taylor added to the above a metallic girdle jointed to the top of the rod, and passing more or less nearly around the pelvis. To this pelvic band or girdle a second perineal strap was attached ; and the joint between this girdle and the rod also received from Dr. Taylor an important modification. The original ball-and-socket joint proved to be not much better than the catgut first employed. It allowed too much motion.

Dr. Taylor substituted a joint admitting only flexion and extension, the rod-splint being jointed like a door-button to the side of the girdle. A hinge and set-screw to abduct the limb, in the few cases where it is desirable, were devised by Dr. Taylor. In Taylor's apparatus, also, extension is made by adhesive straps, from the whole limb, the patient walking on the end of the splint. If this statement be correct, it leaves little of originality to Dr. Sayre. The short splint upon which he formerly insisted has, we believe, not been found efficient in other hands than his. The long splint identical with the one figured and recommended by him on page 269 was figured and described by Dr. Taylor in the *New York Medical Record* for September 1, 1867 ; he having used it for several years before, and having exhibited it in the *Exposition Universelle* at Paris. The only real modification of Taylor's apparatus suggested here is that embodied in the proposal by Dr. Sayre to substitute for the fixed strap of Taylor an elastic strap at the hip-joint, "allowing flexion when the patient wishes to sit down." This would allow motion at the hip-joint — the very thing which, in the acute inflammatory condition of the joint, is acknowledged to be harmful, and to prevent which is the whole object of the apparatus. It would seem evident, therefore, that the apparatus without this modification effects the desired extension and rest more completely than any yet devised.

Had Dr. Sayre been writing instead of lecturing extemporaneously, he would undoubtedly have looked in Dr. Taylor's monograph for his description of the different appliance used in cases or stages of the disease where motion of the joint is desirable.

Dr. Sayre finds cause for surprise in the absence of dislocation noticed by Dr. Alden March and himself in hip disease. As the shortening of the limb and its inversion are both identical with the symptoms indicating the traumatic lesion, and as this attitude of the limb has been gradually acquired while the head of the femur was resting upon the posterior part of the socket, it seems

rather a confusion of ideas to refuse the name of dislocation to the lesion because the head of the bone has gradually disappeared by caries. The capsule has been ruptured by ulceration, the anterior and stronger part of the capsule — Dr. Bigelow's Y ligament — remains, and the condition of the parts is really that of luxation upon the dorsum, with caries and atrophy of the head of the femur. This view, in fact, is the only one which leads to a proper appreciation of the resultant deformity and its treatment.

In giving a history of the operation of exsection of the hip-joint, Dr. Sayre makes this statement: "*In this country* the operation attracted but little attention until I published my first case in the *New York Journal of Medicine* for January, 1855. That was the first time the operation had been successful *in this country*. Dr. Bigelow, of Boston, had performed the operation about a year before, but had not published the case." While we are not of those who attach great importance to the repetition of an old operation in a new place, we regret to believe that Dr. Sayre has been negligent in looking up the facts. He will find reported in the *American Journal of Medical Sciences* for July, 1852, page 90, Dr. Bigelow's case of resection of the head of the femur, performed and published more than two years before that of Dr. Sayre. If this escaped his notice, though in one of the most prominent of American medical journals, we must also express our surprise that he should overlook the reference to this publication of Dr. Bigelow's case in the standard existing work on *Excision of the Joints*, which, by the way, is an American work by Dr. R. M. Hodges.

The table of exsections of the hip-joint performed by Dr. Sayre is justly liable to the same criticism which was made upon the table formerly compiled by him. Of that it was said, "A certain amount of reserve is necessary in receiving the results of this table, as some inaccuracies have unfortunately crept into its compilation. It is to be regretted that Dr. Sayre has not furnished his excellent article with a more elaborate analysis of the cases which accompany it." How applicable that criticism is to the present table may be judged from a statement of a few facts gathered from it. Nine cases are included in the table, although still under treatment; and some had been operated upon within four months of the publication of the table. Dr. Sayre also includes nine cases where the head of the bone was lying loose in the acetabulum, although he had previously acknowledged, on page 287, that such cases should not be called cases of exsection. Neither are they so included by other authorities. Dr. Hodges, in his work before referred to, makes a separate table of such cases, and says, "It seems proper to make a distinction between those cases where the head of the bone, already spontaneously separated, is removed, and those in which the separation is effected at the time of the operation. The former resemble operations for necrosis. The separation of the bone is itself an effort on the part of nature in a curative direction; and the considerable success which might perhaps be anticipated attending its removal is sufficiently well shown in the table." The force of this distinction is well exemplified by the nine cases which Dr. Sayre has included in his table. Of the nine, only one died, six recovered, and two are still under treatment, — certainly a very different ratio of recoveries from

that obtained in true exsection. In one case (No. 13) the rather inexplicable fact is stated that "this case also fractured at the epiphysis above the knee, in attempting to luxate the head from the acetabulum." It had been previously stated of the case that the neck was absorbed, and that the head was lying loose in the acetabulum.

Under the head of results, Dr. Sayre occasionally mentions the fact that "wounds entirely closed." Are we to infer that, in the remaining cases, by far the largest part, the wounds are not yet closed?

Of some cases the only report is, "Recovered with good motion." From such brief statement we can infer only that the patient is living, and we are unable to judge whether the limb was useful or useless. Mr. T. Holmes says that good motion is the rule, and not the exception, in all cases of recovery. Ankylosis is rare, as might be expected in view of the fact that much bone is removed in the operation. There may be good motion of the limb, and yet the patient may not be able to bear weight upon it.

Statistical tables are of value only as their basis of classification corresponds with that ordinarily adopted by other surgeons. The evident inaccuracies and deficiencies of this table go far to impair the value of the results claimed, and are more noticeable because the subject is one in which Dr. Sayre assumes, in some measure, to be a pioneer and an authority.

Dr. Sayre begins his consideration of Pott's disease by a repetition of his belief in its traumatic origin, as previously expressed concerning other joints. Admitting its probability, we can apply to this theory the remarks made concerning hip disease and the important rôle played by the strumous diathesis in its development. Again, we may commend Dr. Sayre's admirable description of the diagnostic signs of hip disease in its early stages, and especially the prominence he gives to that fact that pressure upon the spinous processes does not ordinarily produce pain. Most heartily do we concur in his statement that the true principle of treatment is not longitudinal extension of the spine, for which purpose so many instruments are constructed, but that it is antero-posterior pressure, by which the superincumbent weight is transferred from the diseased bodies of the vertebrae to their healthy articular processes. He recommends and gives a very fair wood-cut of Dr. Taylor's apparatus for this purpose. He wholly ignores Dr. Taylor's ingenious contrivance for effecting the same result when the disease involves the cervical vertebrae. Instead of this he gives a figure of an apparatus constructed like a gallows, upon the very principle of extension which he has just condemned.

Dr. Sayre devotes considerable time to the description of the plaster of Paris dressing in Pott's disease. As we have never made use of it, we are not in a position to express an opinion as to its practical utility. The serious objections to its use will occur to every one. Dr. Sayre's enthusiastic indorsement of it will undoubtedly induce others to give it a trial, especially as it is so easy to apply. As yet, sufficient time has not elapsed to demonstrate its efficiency in the treatment of a disease which ordinarily requires months and even years for perfect cure. To the subject of ankylosis the author devotes much space. His method of treatment is that adopted by most surgeons: forcible breaking down of the adhesions, under ether, and subsequent passive

motion of the joint, upon the judicious application of which its future usefulness depends.

We regret exceedingly that this valuable work should be marred by violations of that unwritten code of ethics which is supposed to govern all the liberal professions, and more especially our own. Dr. Sayre deems it necessary for the vindication of his own skill to introduce into his volume the names of some reputable professional brethren, exhibiting their errors of diagnosis, which were immediately corrected when their patients came under his own care. Had these gentlemen been as ill-informed as would appear from the volume, Dr. Sayre would have displayed more of the attributes of a "Knight of the Order of Wasa," and would certainly have risen in the esteem of a majority of his brethren, by an exhibition of that "charity which vaunteth not itself, and is not puffed up."

The typography of the book is excellent, the errors here being few and unimportant. The wood-cuts are abundant, and in quality perhaps adequate to their purpose. In his preface Dr. Sayre disarms criticism by the frank avowal that this is only a stenographic report of extemporaneous lectures.

We wish the author might find time, amid the cares of his large practice, to revise this volume. There can be little doubt that a careful revision, in the light of the works of Scarpa, Little, and other more modern writers, would destroy many of his claims to originality, but it would in no wise impair the interest or value of the book. On the contrary, this would go far to make it what we hope soon to see — a standard work on orthopaedic surgery.

G. G. T.

MATERIA MEDICA AND THERAPEUTICS.¹

It is a surprise to find at this period in the advance of medical science a person endowed with sufficient intrepidity to announce that "those who look for results of experiments on mutilated animals, in the following pages, will not find them, for the editor is satisfied that this is not legitimate therapeutical inquiry." One is the more surprised to notice that this statement is preceded (on the page before) by an acknowledgment that the past eight years is a "period of unprecedented activity in all matters connected with materia medica and therapeutics, and one which is generally acknowledged to have been marked by a real advance of knowledge." It may be prejudice, but it is certainly one which is shared in by almost every modern student of the action of drugs, to believe that the many experiments on animals, some of which have indeed been "mutilated," as Dr. Harley rather sneeringly asserts, have contributed largely to the "real advance of knowledge." In fact, the editor of the very work in question would be puzzled to account for some of his own explanations of the action of drugs without an acquaintance with these data which he so violently repudiates; for instance (page 74), how does he know that the action of nitrous oxide is due to "stagnation of the capillary circulation, and as a consequence increased pressure in the arteries"? How

¹ *Royle's Manual of Materia Medica and Therapeutics, etc.* Sixth Edition. By JOHN HARLEY, M. D. Lond., F. R. C. P., etc. Philadelphia: Lindsay and Blakiston. 1876.

could he determine that there was stagnation without the use of animals in experiments? Many of the experiments on unmutated animals do most certainly contribute to our knowledge. More glaring evidence of the author's inconsistency is exhibited on page 103, where he says, concerning the action of hydrocyanic acid, "The primary action is undoubtedly on the cerebro-spinal nerves; for the acid exerts a paralyzing action on all nerves directly exposed to it. This is the key to its medicinal action," etc. In order to *expose* a nerve directly to hydrocyanic acid, an animal must be *mutilated*, to use the author's own words. We will not take up space in our columns to more fully elucidate the fact that Dr. Harley has probably availed himself, in drawing his own conclusions on the action of medicines, of the studies and observations of those who have experimented on animals, even though he positively states in his preface "that nothing short of a patient survey of the operation of a drug in the entire body in health; and under the variable influence of disease, can furnish the data upon which we may build a proper theory of its action." We claim all that Dr. Harley claims, and would correct the results of carefully conducted experiments on animals by observation at the bedside and by experiments on the body in health.

Again, we can scarcely agree with the statement (page 6) that the action of drugs is *only* fourfold: "first, to retard or accelerate osmose; second, to alter the condition of the blood; third, to increase or diminish those changes in the nerve-cells which result in the generation of nerve force; last, by virtue of similar influences to increase or diminish the conductivity of the nerve fibres." Dr. Harley would seem to ignore many of the teachings of modern physiology, among these the variations of animal heat, of blood pressure, of muscular irritability, etc.

In its chemical details, the manual is far superior to other works on *materia medica*, and we are especially pleased that its pages are not surcharged with detailed botanical descriptions, which weary and confuse the medical student, and are of more consequence to the pharmacist than to the physician. However, there is given a sufficient amount of botanical data to enable the medical student to recognize the plants from which the drugs are derived, and to tell from whence these may come. Another convenience in the detail of the book is recognized in its furnishing the corresponding names in the French and German language, as well as the modern chemical names of the salts. The new chemical notation is conspicuous, and the text facilitates its comprehension to one who has been educated in the old style. The illustrations which are occasionally found in the book are poorly executed, but are as easily understood as the blackboard diagrams of many of our modern lecturers.

The present edition bears unmistakable evidence of being almost entirely rewritten, and, though its style is didactic and perhaps almost too positive for a young student, its language is well chosen and attractive; its conciseness of language enables the editor to collect a large amount of well-digested material into a moderate-sized manual.

Notwithstanding our criticisms, we do most heartily recommend this work to a perusal. The arrangement and sequence of the material which makes up the manual are eminently good.

A.

THE INTERNATIONAL MEDICAL CONGRESS.

THE meeting which is to be held next week at Philadelphia is an event of no small importance to American physicians. On this occasion our countrymen will appear for the first time as a body prepared to compare the work which has been accomplished by them during our century of existence with that of other nations. There is no longer any doubt as to the international character of the meeting; the considerable number of European physicians already in this country, and the long list of distinguished names given by our correspondent are sufficient guarantees that the foreign element will be amply represented. Our guests will be present not only with a view to participate in the exercises, but also, and probably chiefly, for the purpose of estimating the standing and character of the profession in this country. The men whom we have selected to represent us will be subjected to comparison and criticism, and although this will doubtless be done in a most friendly spirit, it is highly desirable that we should do our utmost to make the meeting a success from a scientific as well as from a social point of view.

It is evident that very careful preparations have been made by the committee having in charge the work of the congress. One of the special features of the programme will be papers presented by the reporters on questions assigned for discussion in the sections. These reports, as is known, have been assigned to representative men selected from all parts of the country, and embrace almost every special field of medicine. A pamphlet has been recently issued giving an outline of these papers, so that any one who desires to may become familiar with the section work. Although no startling novelties are disclosed, we see evidences that the active participants in the congress have appreciated the peculiar advantages to be derived from such a meeting, and have accordingly so arranged their work as to bring out a critical comparison between contributions made by this and foreign countries to medical science. We have certainly just reason to be proud of the share which America has had in the advancement of the science and practice of medicine. It has been no insignificant one, and we have every reason to hope that our claims to be considered a first-class medical power, if we may use the term, will be conceded by our foreign visitors at the coming convention. The meetings of the ophthalmological congress and the new gynecological society will be held in New York immediately after the close of the congress, and we understand that many valuable papers are to be read both by our leading specialists in these branches and by several distinguished visitors. We wish success to all these gatherings most heartily.

THE TREATMENT OF THE INSANE IN AMERICA.

DOUBTLESS many of our readers are aware that *The Lancet* has been engaged for several months past in criticising the treatment of the insane in the asylums of this country. The tone of many of the articles has been grossly abusive and unjust, and has called forth protests from some of those in En-

gland who desire that the question should be discussed in a candid way. In some remarks on the recent meeting of the British Medical Association, at Sheffield, *The British Medical Journal* of August 5, 1876, says, "An interesting incident was afforded by the brief statement which Dr. Bucknill interposed in the course of the second general meeting, in vindication of the character of the medical superintendents of lunatic asylums in America. They have been very foully aspersed lately by a medical paper in this country, which appears to think that 'sensation' is not bought too dearly even at the expense of professional honor, and which has sacrificed equity and fair dealing to the desire of making a horrid example of the American asylums; with this view, it has treated the wild aspersions of political scribes of an order of scurrility happily unknown in this country, as grave matters of proved fact, ignorant or careless of the recklessness with which, under the political system of America, professional proceedings and personal character are slandered for political purposes. It has accepted the 'secret reports' of political agitators as established judgments, and has vilified persons as guilty of horrible cruelties in the conduct of asylums, who are in fact quite innocent, and have been proved to be so. Dr. Bucknill, who has a full general knowledge of the conduct of the American asylums, took occasion to disclaim, on the part of the English profession, any complicity in this promulgation of scandals against our American brethren; and his declaration will be received with sympathy on this side of the Atlantic and with cordial satisfaction on the other." At the annual meeting of the Medico-Psychological Association, which was held at the London College of Physicians, July 28th, Dr. Bucknill took occasion to refer to the charges which had lately been made against the management of American insane asylums. "While he did not defend all American asylums or all medical officers, he asserted most strongly, from his personal observation, that a spirit of humanity prevailed in a large number of those institutions, and that, as a body, their medical superintendents were men of great ability, zeal, and kindness. The association then, on the motion of Dr. Bucknill, seconded by Dr. Clouston, passed a resolution of sympathy with their brethren engaged in the arduous and difficult duty of the treatment of the insane in America, who have been unjustly accused of inhumanity and ignorance." We copy this abstract from the proceedings from the *Medical Times and Gazette*. *The Lancet*, while noticing the meeting, made no mention of these resolutions.

MEDICAL NOTES.

— To a circular issued during the last year, addressed to every member of the British Medical Association, requesting an opinion, "yes or no," as to the admission of female practitioners to membership, replies were received as follows: No, 3072; yes, 1051.

— It is reported that Dr. B. W. Richardson's plan for a "city of health" is to be tried practically. A site has been selected in Sussex, where the city will be laid out in accordance with the sanitary plans suggested in Dr. Richardson's paper.

— The following comments we find copied in a Southern paper, *The Constitutionalist*, Augusta, Georgia, from an article in *Scribner's Monthly*. It shows how thoroughly the new movement in the Harvard Medical School has been appreciated : —

It is becoming notorious that a Harvard diploma in medicine is the most valuable diploma procurable in the country. The consequence is that the better class of students will seek it, until the other schools adopt the same plan, and do away forever with the present cheap and inefficient one. A Harvard medical diploma means something; the ordinary diploma means very little, even to those who get it. A Harvard diploma means work, achievement, scholarship, honor, success; and the best material in preparation for the profession will try for it at any sacrifice. The medical schools of New York and Philadelphia must wheel into line with Boston or be left behind, where they ought to be left. Nothing will be gained to the profession or the world by any other course, or in the long run to the schools themselves. These matters of health and sickness, life and death, are very serious ones, and there are few things more sad — more horrible, indeed — than to see a sick or an injured man in hands utterly incompetent to treat him. The truth is that a physician should be always a first-class man — first-class in his moralities, his character, his acquirements, his skill. No course of education can be too thorough for him, no preparation for the stupendous work of his life too exacting. Medical students are not too apt to think of this. By becoming familiar with disease and death they are far too apt to grow thoughtless, and to forget the preciousness of that possession which they are to be called upon to protect. They certainly will not think of it if their instructors make it easy for them to acquire their profession. The commission of a single unworthy man to practice the profession of medicine is a direct means of demoralization, of which no faculty can afford to be guilty. Let us manufacture no more doctors; let us educate them.

— M. J. F. Charrière, the noted surgical instrument maker of Paris, has lately died at the age of seventy-three. We obtain the following account of him from the *London Record*. Charrière was a Swiss by birth, but came to Paris when he was twelve years of age, to be apprenticed to a cutler. Having served a five years' term, he bought for a hundred pounds the little business where he had worked, and set earnestly to work to study his occupation, bringing to bear upon it the devotion and affection of a true artist. Soon Sheffield heard of the steel instruments which Charrière was producing, and consumers placed so great a reliance on his products that surgical instruments became an acknowledged branch of Paris manufacture. At the London Exhibition of 1851 Charrière competed boldly with the most eminent English makers, and so successfully (say the French journals) that the international jury had determined to award him the Council Medal, the highest prize they had to give, and that this was only prevented by the energetic jealousy of Englishmen. However this may be, a theatrical scene was got up when the French honors of the exhibition were distributed in November, 1851. Louis Napoleon, then President of the Republic, was officiating, when the Baron Dupin asked permission to proclaim "in the name of the thirty-six members of the French

jury, in the name of the Institute, and in the name of the Academy of Medicine, that M. Charrière was the first artist in Europe in his own specialty." In consequence of this speech Napoleon conferred on the old cutler's apprentice the officer's cross of the Legion of Honor. Twenty years ago M. Charrière handed over his business to his son, who, however, died soon afterwards. The father again took his old place, but had altogether retired several years before his death. His successors are two of his pupils, Messrs. Robert and Collin. To this firm was awarded a diploma of honor (the chief prize) by the jury of the Vienna exhibition.

MASSACHUSETTS GENERAL HOSPITAL.

SURGICAL CASES OF DR. WARREN.

[REPORTED BY A. T. CABOT.]

Sarcoma of the Breast. — Margaret F., aged forty, single, entered the hospital June 30th, giving the following history. Six months ago she first noticed a small, hard lump toward the inner side of the left breast. This grew steadily and rapidly, but, with the exception of occasional slight darting pains, has caused her no inconvenience. Its rate of growth has increased rapidly within the past three weeks, during which time she has been poulticing it.

The whole breast was occupied by a tense, fluctuating tumor, globular in form, and about the size of a cocoa-nut. The skin was very tightly stretched and slightly reddened. There were no enlarged glands in the axilla. Handling caused no pain.

July 1st. She was operated upon by Dr. Warren. The tumor was removed by an elliptical incision. While being dissected away from its deep attachments, a small opening in the sac allowed the escape of a portion of the fluid, which was dark, reddish-brown. A number of vessels were tied with ordinary silk, and the ends cut off short. The edges were brought together with interrupted sutures, a seton being placed in the lower angle to secure drainage. Carbolic-acid dressings were applied over everything.

For a day or two there was some oozing of a sero-sanguineous fluid from beneath the flaps; the wound, however, united almost throughout by first intention, one or two points remaining open until July 22d, when she was discharged, well. The ligatures caused no irritation, and were buried under the cicatrix. The bulk of the tumor was a large cyst, divided into several portions by thin transparent membranes. The specimen, examined by Dr. Fitz, was found to be a sarcoma, the cyst being probably the result of a degenerating process in the new growth.

Supernumerary Fingers. — Etta M., aged sixteen, entered the hospital July 19th for their removal. She had also six toes on each foot. Supernumerary fingers and toes have been hereditary in her family as far back as can be remembered. Her only sister has had them. Her father, grandmother, great-grandfather, and great-great-grandmother had this deformity, as also four out

of six members of her father's family and four members of her great-grandfather's family.

The one on her left hand is less perfectly developed than that on the right. They were both removed. In the right hand the finger was found to articulate with a little supernumerary metacarpal bone, which sprouted out from the metacarpal of the little finger. This was sawn off. In the left hand the finger articulated directly with the side of the fifth metacarpal, and was simply disarticulated. The flaps were brought into nice apposition with silk sutures, and care being taken to remove sufficient of the interdigital fold of skin to prevent a redundancy of flap at the distal margin of the wound, a source of discomfort and disfigurement in other cases operated upon in the family, where this precaution had been neglected. Carbolic-acid dressings were applied. On the following day both hands looked nicely, and she was discharged, to be further attended by her family physician.

Paralysis of the Posterior Arytenoid Muscles ; Tracheotomy. — Thomas S. D., aged three, entered July 17th. For the early history of the case I am indebted to Dr. E. H. Bradford, who saw the child in his dispensary practice.

Eight months ago he had quite a severe cough ; three weeks later one of the cervical glands enlarged, finally suppurated, and was incised towards the end of December. At this time the child, though not well, was not particularly sick.

About the middle of January the voice became husky, and there began to be considerable difficulty in inspiration and swallowing, and vomiting was easily induced. The symptoms now became severe, and there were numerous violent attacks of dyspnoea, during which the child would struggle for breath. He was pale, but not cyanotic. Pulse 100. Respiration 90.

An examination of the lungs revealed a few râles on both sides at the base, but no dullness. There was nothing to be seen on the palate. The tonsils and cervical glands on both sides were somewhat enlarged. A few days later there was a slight amelioration of symptoms, coincident with a renewal of the discharge from the old abscess. From this time there was a slow improvement until February 9th, when no "croupy" sound was heard on inspiration, though there was still hoarseness in speaking. On April 12th, the voice was still husky, and the inspiration again stridulous. From this time the hoarseness of breathing has continued, and the patient has progressively lost flesh and strength.

At the time of entrance inspiration was performed with considerable effort, the muscles of the neck acting strongly, and the intercostal spaces being forcibly sucked in. The air in entering caused a loud croaking sound like that heard in croup. There was not as much lividity as the obstruction to the breathing would lead one to expect. The child was able to move about and watch his companions at play.

Dr. Knight, who had previously seen the child, had, on examination with the laryngoscope, found the cords to be closely approximated at their posterior portions, leaving a small slit towards the front of the larynx.

The diagnosis of paralysis of the posterior crico-arytenoid muscles was made.

It was thought best to watch the child for a few days before deciding on the necessity of operative interference.

At the end of three days the child became decidedly weaker, and on the afternoon of July 21st, after refusing any nourishment all day, was very feeble, with a pulse varying from 160 to 170, and very weak, and Dr. Warren performed tracheotomy. Only one small vein required ligature. Immediately on opening the trachea, the chest, which was much contracted, could be seen to expand at each inspiration. From this time the child passed a comfortable night, and steadily gained flesh and strength, and a slight cough which he had at first disappeared. July 31st, he was up and about the ward, and though he had not entirely recovered his strength, he ate, slept, and appeared like a well child.

August 20th. An examination by Dr. Knight showed the vocal cords to be approximated as before the operation. Previous experience in these cases, described by Mackenzie and others, gives little hope that the muscles will regain their power, and there is a fair prospect that the patient will be obliged to wear the canula during his life-time.

LETTER FROM PHILADELPHIA.

MESSRS. EDITORS, — It will not be premature to tell you something of arrangements now in course of preparation for the successful working of the International Congress, the meeting of which is so near at hand. You already know that the faculty of the university have courteously placed their buildings at the disposition of the congress. The general sessions will be held in the chapel of the university. This spacious apartment will seat six hundred individuals, and this, as well as the halls which will be devoted to section work, is supplied with fixed and movable blackboards (easels being provided for the latter), screens for lantern illustration, and in short every facility for teaching. In the whole city a more appropriate place of meeting could not have been found. The buildings are easy of access, being situated only twenty minutes by horse-car from the city proper. The quiet of a village surrounds them. No noisy externals will interrupt the smooth flow of the meetings. The rooms are new, fresh, well lighted, well ventilated, spacious, and convenient in every conceivable way.

In order to spare delegates the necessity, at the noon interim, of going into the city for lunch or dinner, an abundant collation will be provided daily in the university buildings, at the expense of Philadelphia physicians.

On the opening day (Monday, September 4th) the congress will meet in general session at twelve M.; the hour of adjournment will be two o'clock P. M. On the afternoon of this day sections will be in session from three to six P. M. During the remaining days of the congress, the general sessions will open at ten A. M. and adjourn at one P. M. Sections will work from two to six P. M. Only one question will be discussed daily in each section. The conclusions reached will be reported to the congress at the next morning meeting, and will then be voted upon.

There will be two addresses delivered before the congress each day.

Since the congress will be international in character, the Secretary of State or the Governor of Pennsylvania will formally open the proceedings on Monday, September 4th, at noon.

Touching the social aspect of the congress: On Monday evening the members of the profession in Philadelphia will entertain the delegates in the Judges' Hall at the Exposition grounds. On Tuesday evening Dr. Ellwood Wilson (212 South 15th St.) and Dr. William Thomson (1502 Locust St.) will hold receptions at their respective houses. On Wednesday evening Dr. G. G. Woodward, U. S. A., will lecture in the lower hall of Jefferson Medical College (10th St. below Chestnut), on *The Scientific Work done at the Surgeon-General's Office*. This will be followed by an entertainment to be given by Dr. George Strawbridge at St. George's Hall, Arch St., corner of 13th. On Thursday evening Henry C. Lea, Esq., the medical book publisher, will hold a reception at his house, corner of 20th and Walnut sts. On Friday evening — not on Thursday, as heretofore announced — will be given the grand subscription dinner, at St. George's Hall.

The following gentlemen from abroad have signified their intention to be present: As delegates, Professor Hüter, Medicinische Verein, Greifswald; Drs. Edward Hauser (president), Carl Lasige, S. Engelsted, Medical Society of Copenhagen; Dr. Edwin Hayward, Epidemiological Society, London; Dr. T. More Maddon, Dublin Obstetrical Society; Drs. John Barker, Joliffe Tufnell, William Stokes, Surgical Society of Ireland; Dr. Robert Barnes, Obstetrical Society of London; Dr. Gregorio Barraeta, San Luis Potosi; Dr. A. R. Simpson and Dr. Finlay, Obstetrical Society of Edinburgh; Drs. Wm. Adams (president), J. Langdon Down, Richard Davy (honorary secretary), Medical Society of London. As invited guests, Drs. J. A. Estlander, Helsingford; H. Wilson, Dublin; B. Ball, Paris; Morell Mackenzie, C. B. Radcliffe, Lauder Brunton, and Henry Power, London; F. W. Campbell and Dr. Fenwick, Montreal; Dr. Warlomont, Brussels; J. J. Kerr, China; Professor Lazarenwitch, Charkoff; Dr. Brown-Séquard, Paris. Dr. Fordyce Barker will also be present, and will read a paper, to write which he retired to Boulogne-sur-Mer. Dr. Priestly, of London, will be present if the health of Dr. Arthur Farre (now ill) improves sufficiently to allow the absence of Dr. Priestly. Stromeyer, as you know, is dead. Professor Lebert, who is announced in one of the early circulars to give an address before the congress, will not be present. Jaccoud, who had determined to come, has sent a letter of regret. Dr. Barnes, of London, will read a paper before the American Gynecological Society, in New York, the week following the congress. For further details I will refer your readers to my letter in your issue of March 30, 1876.

It may be well, however, to repeat that the subscription dinner will be gratuitous only to foreign delegates and invited guests. American delegates will all be obliged to purchase tickets at ten dollars each.

No trouble is being spared in the arrangement of detail. It is believed that the whole affair will prove a brilliant success. It is to be earnestly hoped that American delegates will on no account permit the Exposition to interfere with their constant attendance at both general and section meetings. Foreigners

will of course remain long enough after the close of the congress to visit the Exposition thoroughly. It will be American physicians who will be tempted to attend the congress and the fair during the same week. The effect of such half-hearted interest was seen in the poor quality of section work at the late meeting of the American Medical Association. A similar lack of concentrated interest would severely prejudice the success of the approaching congress.

That excellent and sensible brochure, *Medical Responsibility in the Choice of Anæsthetics*, by Dr. H. MacNaughton Jones (London, 1876, H. K. Lewis, 136 Gower St.), has come to me among other club books. The questions discussed therein are of such interest to Boston medical men, in view of their gallant fight for ether and especially, perhaps, because of the capital missionary work accomplished among our transatlantic *confrères* by Drs. Jeffries and Fifeild, that I venture to make allusion to the pamphlet and the conclusions of Dr. Jones. He discusses three questions, and gives a table stating "the anæsthetic employed, its mode of administration and the results in nearly fifty large hospitals in the United Kingdom."

His questions are: "Has it been proved by experience that any one anæsthetic, excluding all reference to rapidity of action, convenience, etc., is the safest?" He handles this question in a space of some eighteen pages, quoting largely from remarks of Dr. Jeffries, whose administration of ether he witnessed at the Moorfields Ophthalmic Hospital, and evidently having then and there become a proselyte. He also, under this head, describes the administration and comparative effects of the anæsthetics, and finally answers the question thus: "Ether has undoubtedly been shown and appears now to be universally acknowledged to be the safest anæsthetic."

His second question, bearing upon the first, is, "Has this satisfactory conclusion been supported by direct physiological evidence, derived from experiments on the lower animals, and our knowledge of the action of ether on the human economy?" Quoting from Wood's *Therapeutics* and from Schiff's accounts of his experiments with ether, Dr. Jones concludes by saying, "I say then that we may fairly answer this question in the affirmative." His third question is, "Can ether be availed of in the vast majority of cases, and administered with as great ease as any other anæsthetic, and with as favorable after results to the patient?" In discussing this question he refers, touching the comparative ease of administration of ether, to the various inhalers, and quotes the ringing words of Dr. Fifeild in relation to the responsibility of medical men in the choice of anæsthetics. His conclusion is that ether can not only be generally used, but that it is the only safe and available anæsthetic. "The responsibility," he adds, "with our present knowledge, in the choice of anæsthetics, from henceforth is greater. Medical men who continue to use chloroform *alone* must not forget this."

These conclusions are really a triumph for America, for it is through the pronounced assertions of Jeffries, Wood, and Fifeild, in connection with the universal harmlessness of ether at the hands of American medical men, that Dr. Jones and many others across the water have been converted into disciples of ether and enemies of chloroform.

Dr. J. M. Toner, of Washington, but formerly of Pittsburgh has made the

proposition to donate, for the foundation of a medical library in the latter city, his own collection of works of that character, valued at twenty thousand dollars. He imposes, however, two conditions. First, he asks that a fire-proof building be erected for the library, and second, that it be called by his name. Strangely enough the physicians of Pittsburgh, though naturally desirous to accept the gift, cannot yet reconcile themselves to the conditions. The cost of a fire-proof building will be great. This is one source of their objection to the conditions. A second objection is that if the library were called after Dr. Toner, other physicians who in the future might be inclined to add to the library would hesitate to do so, because their gifts would simply amplify the credit of one man, whose donation would form but a small proportion of the whole. A committee have been in correspondence with Dr. Toner, hoping to modify his conditions. Thus far they have been unsuccessful.

I learn from Washington papers that since the large and valuable Peter Force collection was bought by the government and added to the National Library of Congress, there has been in Washington no private collection so rich in American historical and biographical works as that of Dr. Toner; and that his industry and liberality in bringing it together have been fully equaled by the cheerful courtesy with which he has invariably placed it at the disposal of those who have had occasion to consult it. As to the strictly medical portion of this library, physicians speak of it as one of the rarest in the country, containing, as it does, complete files of all American medical journals, as well as the contributions to medical literature of all or nearly all American writers.

The value of this rare library has given rise to the general opinion that the medical faculty of Pittsburgh seriously err in not accepting Dr. Toner's generous offer at once, without allowing themselves to be one whit influenced by the conditions. Here is a splendid collection of medical and collateral works simply awaiting acceptance. It is worth far more than any possible similar future gift likely to be made in this generation. It is doubtful, indeed, whether just such a collection might ever again be had for the asking. The cost of the required building, it would seem, might be easily met without special encroachment upon the purses of Pittsburgh physicians, for every citizen of means in that city would doubtless gladly contribute to such an object. As to the name of the institution, could one be more fitting than that of its founder and earliest benefactor? Subsequent contributors would lose no credit because another man's name was attached to the library. The hope is publicly expressed in Washington that the library will not be accepted by the Pittsburgh physicians.

Cultivated Washingtonians do not relish the thought that such a wealth of literature should be lost to that city. Dr. Toner also offers to provide a fund whereby the proposed institution would secure the additional advantages of annual lectures on medical or scientific subjects. Pittsburgh has reason to be proud of her former townsman.

State and national conventions of dentists have been held in this city within the past four weeks. The dentists evidently met with earnest purpose, for they occupied many days in thoroughly discussing questions connected with their specialty.

The daily journals, in their notice of the exhibits of surgical instruments at the Exhibition, have devoted the largest space to descriptions of the exhibit of Messrs. Codman and Shurtleff, of Boston, giving this firm the credit of having contributed not only the largest but the most varied collection. The Centennial Medical Hospital continues its usefulness. Patients average three hundred per week in number. There have been no new cases of thermic fever, and the majority of the patients have asked relief from ailments which were merely temporary.

PHILADELPHIA, August 22, 1876.

THE FISHER INQUEST.

MESSRS. EDITORS,—We old fogies up here in Hampden never felt so behind the times as since reading in the JOURNAL the strange proceedings connected with the "Fisher case."

Those of us who were educated under the careful eye and hand of Prof. J. B. S. Jackson (honor to his name!) were taught to believe that the object of a post-mortem examination was, ordinarily, to observe the *pathological appearances* and not the *physiological conditions*. Are we now, in order to be considered "scientific" physicians, in all our examinations after death, to hunt for *corpora lutea*, and to tear up the periosteum of the long bones in search for previous fractures? If so, may we not be allowed to incorporate into our reports lengthy and accurate descriptions of the artistic tattooing we often find on the integument of our patients that "do business on the great waters"?

But, seriously, have we not, as physicians, certain *social* as well as *professional* responsibility in the exercise of our art?

Yours very respectfully,

GEORGE G. TUCKER, M. D.

WESTFIELD, August 20, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING AUGUST 19, 1876.

	Estimated Population, July 1, 1876.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,061,244	612	29.99	29.35
Philadelphia	825,594	409	25.76	22.24
Brooklyn	506,223			24.92
Chicago . .	420,000	249	30.83	19.75
Boston . .	360,000	188	27.16	26.17
Providence	100,700	47	24.19	19.02
Worcester .	51,300	23	23.31	20.91
Lowell . .	51,700	34	34.19	20.55
Cambridge	50,000	36	37.44	23.31
Fall River	47,200	27	29.75	23.99
Lawrence .	36,000			25.96
Lynn . .	34,000	21	32.12	19.23
Springfield	31,400	12	19.87	20.93
Salem . .	26,500	19	37.28	22.92

Normal Death-Rate, 17 per 1000.

GERMAN COTTON DRESSING.

MESSE^{RS}. EDITORS, — One day last year Mr. Lawson passed around, at Moorfields, a sample of cotton that he had received from Germany. It resembled carded cotton in appearance, but it had the peculiarity of absorbing water and sinking almost immediately when thrown into a basin containing it. Mr. Lawson said the cotton was prepared by washing it in ether. This seemed plausible, so I treated some cotton in this way last winter, when the weather was such as to render the manipulation far from agreeable, but with a negative result. The great utility of a dressing that readily absorbs liquids and that also expands like a sponge when squeezed, not only to general surgeons but also to those who are specialists, and the cheapness with which it ought to be furnished, tempt me to ask through the JOURNAL how it can be prepared.

SALEM, August 19, 1876.

D. COGIN.

CORRECTION. — In the JOURNAL of August 24th, page 226, for "tracheotomy" read "trachelotomy."

PARACENTESIS OF THE PERICARDIUM. — Dr. John B. Roberts, of Pennsylvania Hospital, Philadelphia, desires notes of all the cases of tapping of the pericardium that have been performed.

BOOKS AND PAMPHLETS RECEIVED. — Transactions of the Medical Society of the District of Columbia, July, 1876.

The Climatotherapy of, and the American Mountain Sanitarium for, Consumption. By Stanford E. Chaillé, A. M., M. D. (From the New Orleans Medical and Surgical Journal.)

West North Carolina as a Health Resort. By W. Gleitsmann, M. D., Asheville, N. C. Baltimore: Sherwood & Co.

An Address on some of the leading Public Health Questions. By J. M. Toner, M. D., President of the American Public Health Association. Cambridge: The Riverside Press. 1876.

Ninth Annual Report of the Directors of the Massachusetts Infant Asylum, April, 1876.

Twelfth Report of the Trustees of the City Hospital, Boston, with Reports of the Superintendent and Professional Staff, etc.

A Sketch of the Life and Writings of Louyse Bourgeois, Midwife to Marie de Medici, the Queen of Henry IV. of France. The Annual Address of the Retiring President before the Philadelphia County Medical Society. By William Goodell, A. M., M. D. Philadelphia. 1876.

Transactions of the South Carolina Medical Association. Annual Meeting, 1876, held in Columbia. Charleston, S. C.

Transactions of the Medical Association of the State of Missouri at its Tenth Annual Session. St. Louis. 1876.

A Clinical Lecture on the Use of Plastic Dressing in Fractures of the Lower Extremity. By David W. Yandell, M. D.

Laryngeal Phthisis. By C. W. Chamberlain, M. D. (From the Transactions of the Connecticut Medical Society.) Hartford. 1876.

A Clinical Lecture on the Treatment of Incipient Stricture by Otis's Operation. By Mr. Berkeley Hill, with Remarks by Fessenden N. Otis, M. D. (Reprinted from the Lancet.)

On Stricture of the Male Urethra; its Radical Cure. By F. N. Otis, M. D. New York: G. P. Putnam's Sons. 1876.

A Manual of Midwifery. By Alfred Meadows, M. D. Lond., F. R. C. P. Second American from the Third London Edition, revised and enlarged. Philadelphia: Lindsay and Blakiston. 1876.

Non-Emetic Use of Ipecacuanha, with a Contribution to the Therapeutics of Cholera. By Alfred A. Woodhull, M. D. Philadelphia: J. B. Lippincott & Co. 1876.

Darwiniana: Essays and Reviews pertaining to Darwinism. By Asa Gray, Fisher Professor of Natural History (Botany) in Harvard University. New York: D. Appleton & Co. 1876.